

\*\* Work Order ID 107403

\*107403\*

Page 1

September-23-13 11:50:07 AM

Item ID: D4063-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Hose

Stop

\*NS2\*

Start Date: 9/23/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 9/23/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 13-09-24

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D4063	a

100

\*100\*

Purchasing

Purchasing

Memo

Issue P/O: 21524

Purchase part as per Dwg D4063

Part #: 193-8

\*\*\*ATTN: ORDER IN UNITS-

EX, IF W/O IS FOR 6 INDICATE ON PO

6 PCS OF 24"

Possible Supplier: Stratoflex

Material release note required

110

Receive & Inspect for Damage & Mat'l Certs

0.00

\*110\*

Packaging

Packaging

Memo

0.00

CD 13/09/30 4 = 084

PJ/PK 09/10

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

Work Order ID 107403

September-23-13 11:50:07 AM

\*107403\*

Page 2

Item ID: D4063-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Hose

Start Date: 9/23/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 9/23/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

115

\*115\*

Small Fab

Small Fab

Memo

0.00

4

13-10-11

FD

117

\*117\*

QC

Quality Control

Memo

0.00

DAS

27

9-89

0.00

B 10 9

4

120

QC6- Inspect dimensions to drawing

0.00

DAS  
27  
9-89  
B 10 9

4

\*120\*

QC

Quality Control

0.00

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
				Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Other	

Work Order ID 107403

\*107403\*

Page 3

September-23-13 11:50:07 AM

Item ID: D4063-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Hose

Stop

\*NS2\*

Start Date: 9/23/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 9/23/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

Identify as per dwg & Stock Location: ST 2518

0.00

DAS

33

9.89

\*130\*

Packaging

Packaging

4

13-10-09

140

QC21- Final Inspection - Work Order Release

0.00

\*140\*

QC

Quality Control

Memo

0.00

*MM* RM 13/10/10

*MF*  
13-10-10

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>		Other <input type="checkbox"/>					
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

# Picklist Print

September-23-13 11:50:07 AM

Page 1 / 1

Work Order ID: 107403

Parent Item: D4063-3

Parent Item Name: Hose

Start Date: 9/23/13

Required Date: 9/23/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP rev A 10.02.03 new issue Prelim EC verified by: DD IPP Rev:B 10.05.17 as per ECN10-  
562 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
193-8 Stratoflex		Purchased	No				Each	0.0000		4		13/09/2013	Open

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

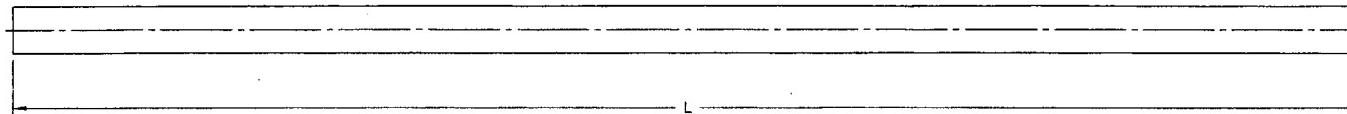
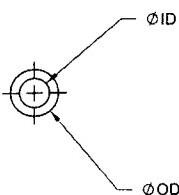
**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____  NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio  <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4063-1	193-6
D4063-3	193-8

## SPECIFICATION CONTROL DRAWING



107403 MLJ  
13-09-24

DART PART NUMBER	POSSIBLE SUPPLIER	SUPPLIER PART NUMBER	MATERIAL	MATERIAL SPEC	LENGTH	INSIDE Ø NOMINAL "ID"	OUTSIDE Ø NOMINAL "OD"
D4063-1	AVIALL	193-6	SEAMLESS BUNA-N	MIL-H-5593	17.0	0.38	0.60
D4063-3	AVIALL	193-8	SEAMLESS BUNA-N	MIL-H-5593	24.0	0.50	0.75

### D4063-X VENT HOSE

**RELEASED**  
2010-05-05  
*[Signature]*

A	NEW ISSUE	10.02.05
REV.	DESCRIPTION	BY DATE
DESIGN	<i>[Initials]</i>	REV. A
DRAWN	<i>[Initials]</i>	SHEET 1 OF 1
CHECKED	<i>[Initials]</i>	
MFG. APPR.	<i>[Initials]</i>	TITLE
APPROVED	<i>[Initials]</i>	SCALE
DE APPR.	<i>[Initials]</i>	NTS
DATE 10.02.05		VENT HOSE

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 THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS  
 NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT  
 WRITTEN PERMISSION FROM DART AEROSPACE LTD.

- NOTES:
- 1) MATERIAL: SEE TABLE
  - 2) FINISH: N/A
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4063-1/-3" AND B/N USING WHITE FINE POINT PERMANENT INK MARKER
  - 7) WEIGHT: 0.11 lbs



## **PACKING LIST**



CUSTOMER P.O.: PO21526

## BON DE COMMANDE

**ORDER NUMBER:** 0001243297-

**No DE COMMAN**

**ORDER DATE:** 10/01/13

**DATE DE COMMANDE** 10/01/15

033037

032027

S 032027  
O DART AEROSPACE LTD  
L 1270 ABERDEEN STREET  
D HAWKESBURY ON K6A 1K7  
N CANADA

S E DART AEROSPACE LTD  
H I 1270 ABERDEEN STREET  
P D HAWKESBURY ON K6A 1K7  
T E CANADA  
R O A

S E 34170  
H X AVIALL TORONTO CSC  
I P 1840 ALSTEP DR. UNIT 5.  
P D MISSISSAUGA ON L5S 1W1  
R I CANADA  
O M  
D E

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY QUANTITE COMMANDE	SHIP QUANTITY QUANTITE EXPEDIEE	BACK ORDER COMM. EN SOUF	UOM	LIST PRICE	CUSTOMER PRICE	EXTENDED CUSTOMER PRICE
------	-----	---------------------	--	---------------------------------------	-----------------------------	-----	------------	----------------	----------------------------

PLEASE SHIP FEDEX P1 ON CUSTOMER ACCOUNT  
NUMBER 1517-9324-0, AWB# MUST REFERENCE  
THE PURCHASE ORDER NUMBER, SHIP TO THE  
ATTN OF CHANTAL 613-632-9577

\*\*\*HOSE 193-8 ONE CONTINUOUS LENGTH.

1 10 193-8  
HOSE: LOW PRESSURE, RUBBER  
Schedule B: 4009.31.0000

8 7  
ECCN: 9A991.d

LOT 0913122643 IN  
Country of Origin: U.S.A.

84

9 FT

8,90

5.2100

36, 47

PARTS TOTAL	36.47
AOC TOTAL	0.00
TAXES	4.74
FREIGHT	0.00
VEL SURCHARGE	0.00
IMATED TOTAL	41.21

urrency: United States Dollar

**CERTIFICATE OF CONFORMANCE / CERTIFICAT DE CONFORMITÉ**

I hereby certify that the aircraft parts, appliances and/or aircraft materials described hereon were acquired from a source of supply that is consistent with the conditions under which the department of transport distributor approval number 35-86 has been granted.

Je certifie par la présente que les pieces appareils et/ou materiaux d'avions decrits ci-dessus ont ete acquis d'une source d'approvisionnement consistante avec les conditions sous lesquelles l'approbation du distributeur du department du transport no. 35-86 ont ete reue. *[Signature]*

Signed \_\_\_\_\_ Date 10/07/13

AV10-R2-09 G S T REG NO R121506208 Rick Rantz, Manager

**DISCOUNT TERMS APPLY ONLY TO SUB TOTAL.  
ESCOMpte APPLIQUE SUR SOUS TOTAL SEULEMENT.  
ALL RETURNED MERCHANDISE SUBJECT TO A HANDLING FEE.  
FRAIS DE MANUTENTION APPLIQUE SUR TOUTE MARCHANDISE  
RETOURNÉE.**

CUSTOMER COPY / FILE COPY

AV19 B2-99

G.S.T.REG.NO.R121506208



# PACKING LIST



CUSTOMER P.O.: PO21526  
 BON DE COMMANDE  
 ORDER NUMBER: 0001243297-  
 No DE COMMANDE  
 ORDER DATE: 10/01/13  
 DATE DE COMMANDE

032027  
 S DART AEROSPACE LTD  
 O 1270 ABERDEEN STREET  
 V HAWKESBURY ON K6A 1K7  
 L CANADA  
 E D  
 D T  
 N R  
 D O  
 T M  
 O A

S E DART AEROSPACE LTD  
 H X 1270 ABERDEEN STREET  
 I P HAWKESBURY ON K6A 1K7  
 E D CANADA

SHIP NBR:  
 No DE EXPEDITEUR

357744

SHIP VIA:  
 EXPEDIER PAR FED P1AM - COLLECT

S E 34170  
 H X AVIALL TORONTO CSC  
 I E 1840 ALSTEP DR. UNIT 5.  
 P D MISSISSAUGA ON L5S 1W1  
 F E CANADA  
 R O  
 D M

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY QUANTITE COMMANDE	SHIP QUANTITY QUANTITE EXPEDIEE	BACK ORDER COMM. EN SOUF	UOM	LIST PRICE	CUSTOMER PRICE	EXTENDED CUSTOMER PRICE
------	-----	------------------	----------------------------------	---------------------------------	--------------------------	-----	------------	----------------	-------------------------

PLEASE SHIP FEDEX P1 ON CUSTOMER ACCOUNT  
 NUMBER 1517-9324-0, AWB# MUST REFERENCE  
 THE PURCHASE ORDER NUMBER, SHIP TO THE  
 ATTN OF CHANTAL 613-632-9577

\*\*\*HOSE 193-8 ONE CONTINUOUS LENGTH.

1	10	193-8 HOSE: LOW PRESSURE, RUBBER Schedule B: 4009.31.0000	8	1	0 FT	8.90	5.2100	5.21
		LOT 0913122643 IN Country of Origin: U.S.A.		12		ECCN: 9A991.d		
9	28	AN6-26 BOLT: HEX HD, ST DRILLED SHANK Schedule B: 7318.15.2000	25	25	0 EA	3.89	1.5600	39.00
		LOT 0913071381 EA Country of Origin: U.S.A.		25		ECCN: EAR99		
10	28	AN6-36A BOLT: HEX HD, ST UNDRILLED SHANK	50	50	0 EA	4.61	1.8400	92.00

I hereby certify that the aircraft parts, appliances and/or aircraft materials described hereon were acquired from a source of supply that is consistent with the conditions under which the department of transport distributor approval number 35-86 has been granted.  
 Je certifie par la presente que les pieces appareils et/ou materiaux d'avions decrits ci-dessus ont ete acquis d'une source d'approvisionnement consistante avec les conditions sous lesquelles l'approbation du distributeur du deparment du transport no. 35-86 ont ete recue.

AV19 R2-99

G.S.T.REG.NO.R121506208

Signed \_\_\_\_\_

Rick Rantz, Manager

Date

10/07/13

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL.  
 ESCOMPTE APPLIQUE SUR SOUS TOTAL SEULEMENT.  
 ALL RETURNED MERCHANDISE SUBJECT TO A HANDLING FEE.  
 FRAIS DE MANUTENTION APPLIQUES SUR TOUTE MARCHANDISE RETOURNEE.

CUSTOMER COPY / FILE COPY

PAGE: 1  
 DATE: 10/07/13  
 TIME/HURE: 10:58  
 EMP#: 23370  
 ORDER TYPE / TYPE DE COMMANDE: RG  
 CURRENCY: USD



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## **PURCHASE ORDER**

Purchase Order ID PO21526

Purchase Order Date 9/30/2013  
PO Print Date 9/30/2013

Page Number 1 of 4

**Ship To : DART AEROSPACE LTD**  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
**(319) 310-1300**

**Order From :**  
**AVIALL**  
**PO BOX 842275**  
**DALLAS, TX 75284-2275**  
**USA**

Contact Name                          905-676-1695  
Vendor Phone

<b>Buyer</b>	Chantal Lavoie
<b>Customer POID</b>	
<b>Customer Tax #</b>	10127-2607
<b>Terms</b>	Net 30
<b>Currency</b>	USD
<b>FOB</b>	FCA - (Free Carrier)

**Ship To Contact**  
**Ship To Phone**  
**Ship Via:** FedEx PI collect  
**Ship Acct:**

**Note:**